

Working With Families Right From The Start: Putting Family Centered Practice Into Action
By Isa M. Woldegiorgis

What was once the Intake and Assessment Policy Revision Project is now being recognized at the Massachusetts Department of Social Services as the major practice and policy initiative charged with embodying a family centered approach to DSS' delivery of child welfare services, beginning with the first interaction with families. The title, *Working With Families Right from The Start*, began as a double entendre but has become a home for DSS' commitment to partnership with families, community partners and providers.

History

In 2001, encouraged by the leadership, openness and vision of Commissioner Harry Spence, a process began to revitalize the Commonwealth's public child welfare agency. An early task of the leaders of DSS was to establish a foundation for deciding and articulating who we are and what we believe in. The result of this process is a set of six core practice values that now are the cornerstone beliefs of Massachusetts DSS' transformation.

Child Driven
Family Centered
Community Focused
Strength Based
Committed to Diversity/Cultural Competency
Committed to Continuous Learning

As we've become more familiar with speaking and trying to practice these broad values, we've begun the next stage of evolution-articulating their meaning by how we behave. We've also learned that our Core Values hold the understanding of family centered practice

Federal child welfare review

At the same time, the Federal government decided to initiate a review of all of the public child welfare programs across the country. The **Child and Family Services Review** (CFSR) conducted in Massachusetts from April 2000 to July 2001 examined seven major child welfare outcomes in the areas of safety, permanence, and well-being. It also examined the level of systemic functioning, primarily on the basis of interviews with key community and agency stakeholders. The review, in addition to determining whether and to what extent child welfare programs were operating within applicable Federal requirements, also uncovered areas of strength and challenges that helped guide and focus our efforts.

Among the strengths found by the CFSR were our strong attention to, and use of, relatives as placement resources for children, agency responsiveness to the community, and foster and adoptive parent licensing, recruitment, and retention as well as solid IT and training components.

The review identified need for improvement in providing children with permanency and stability in their living situations; in all three of the well-being outcomes around enhancing parental capacity to provide for their children's needs, and providing adequate services in the areas of education, physical health, and mental health.

In the area of safety, we were not quite at the national standard for the recurrence rate of maltreatment nor for preventing maltreatment of children in foster care. Achieving permanency for children in foster care was an area of particular concern because of our high rate of foster care re-entries and the low rate of achieving adoption for children within 24 months of entering foster care. A challenge we also uncovered through the cases reviewed was great variation in workers' practice regarding engaging families in case planning. Reviewers found that in some cases, families were not involved in the development of their case plans while in others, families were actively participating in planning for the safety and well-being of their children.

Initiating the Change

With this information available, in February 2003, Deputy Commissioner Susan Getman initiated the Intake and Assessment Policy Project. The purpose of the project was to determine whether the Department's policy and practice reflected the newly articulated DSS Core Practice Values as well as state and federal mandates. A decision was made to seek information not just from our staff but from families who use services and from community providers and others who work in meeting families' needs. An agency-wide work group was established which arranged for focus groups and surveys to obtain information from an estimated 250 individuals statewide over a four month period between October 2003 and January 2004. The focus groups and written surveys sparked fruitful dialogue, provided energy as well as real data.

The report, published in April 2004, presented findings that also affirmed strengths in the current system and pointed to specific changes that could be undertaken. The report also significantly articulated the experience of families with the agency.

What did the stakeholders have to say?

The focus group findings confirmed the need for changes in our interactions with families. For example, the report states that "many participants indicated that intake must be more sensitive to parents' feelings of being invaded and shame that often occur during.. investigations. They also felt that intake should make problem-solving and services available to families more quickly. Most of the DSS staff and all of the consumer focus groups felt that DSS needs to do a better job of working with families. There should be a more humane approach, one in which the families are treated without prejudice, as people who are struggling with certain challenges, yet striving to be a functioning healthy unit. Family strengths are not being adequately emphasized, nor are those achievements of which the family is most proud. There was an overall sense that the social workers need to achieve a higher level of communication with all parties during intake." *(Intake and Assessment Focus Group Report, 2004, Beryl Domingo, Project Manager)*

The Summit

In the Fall of 2004, the two day kick-off summit for the newly named **Working With Families Right From the Start Project**, the 100+ member team worked collaboratively, under the guidance of Project Manager Phyllis Barajas, to create a shared vision for DSS practice in the year 2010, built upon the Core Values. The following is that shared vision:

1. DSS actively engages with families, in helpful, welcoming and supportive ways, to protect children and intervene to achieve safety, well-being and permanency.
2. DSS involves families as partners and team members in problem solving and decision-making.
3. DSS practice is respectful; supporting families in meeting children's needs for safety, well-being and permanency through clear communication and facilitated access to wide-ranging community resources.
4. DSS staff reflects the diversity of the communities served, providing quality professional service that demonstrates cultural competency and linguistic responsiveness at all levels, and is proactive in its approach to improving the lives of families and the communities they live in.
5. DSS nurtures a culture of reflection, learning and continuous improvement that inspires staff and families and that sustains itself through political transitions.
6. DSS settings reflect respect for families and staff alike, featuring the best available technology, equipment and accessible facilities to support families.

At the summit we recognized that the values to which we had committed were also core beliefs of a particular approach to working with children and families that has long existed in other disciplines and in other child welfare systems. The project team worked to further clarify our values by their practical application—**Family Centered Practice**. The following are guiding principles of family centered practice as they correspond to our core values:

Core Practice Value: CHILD DRIVEN

Guiding Principles

1. Permanency, safety and well-being of children, as well as that of the people connected to them, form the center of the work DSS engages in with families and their communities.
2. Children's physical and emotional safety is paramount.
3. Children have the right to be part of a safe family.
4. Children have the right to a fair chance in life and opportunities for healthy development.
5. Children have the right to community protection.
6. Children's experiences and perspectives are heard and understood.

Core Practice Value: FAMILY CENTERED

Guiding Principles

1. The family is the primary source for the nurturing and protection of children.
2. Parents should be supported and respected in their efforts to nurture their children.
3. Family is defined broadly by its members and is significant to all aspects of the child's development.
4. Families are entitled to and deserve self-determination, privacy and access to resources and non-traditional supports.
5. Families are capable of change and with support most can safely care for their children.
6. Families are partners in meeting children's needs for permanency, safety and well-being.
7. Families deserve to be engaged respectfully.

Core Practice Value: COMMUNITY FOCUSED

Guiding Principles

1. Families are resources to one another and to communities.
2. Every community has assets as well as needs.
3. Identifying and strengthening informal and formal resources strengthens children and families.
4. Informal supports are valuable for families and should be sought.

5. Service providers and community resources must be accountable and responsive to the communities they serve.
6. Work with families is focused on identifying and strengthening community resources.
7. Child safety, well-being and permanency are a community responsibility.

Core Practice Value: STRENGTH BASED

Guiding Principles

1. Engaging families respectfully promotes involvement that focuses on and supports strengths.
2. Children and families have strengths which need to be recognized and supported.
3. Families have the ability, with support, to overcome adverse life circumstances.
4. Families can grow and change through identifying and building upon assets and strengths.
5. Identifying family strengths will inspire hope.
6. Strength emerges from building partnerships between the family, community and DSS.

Core Practice Value: COMMITTED TO CULTURAL DIVERSITY/CULTURAL COMPETENCE

Guiding Principles

1. Families are diverse and have the right to be respected for their economic, ethnic, class, cultural and religious experiences and traditions.
2. Practice and services are delivered in a manner that respects, supports and strengthens the child's and family's identity.
3. Every culture should be recognized for its positive attributes and challenges for families, professionals and communities.

Core Practice Value: COMMITTED TO CONTINUOUS LEARNING

Guiding Principle

1. Self-reflection, by individuals and systems, fosters growth.
2. Data should be used to promote learning.
3. Opportunities for continuous learning must be widely afforded to professionals, family and community providers.
4. Child, family and community input are essential in the learning process.
5. Positive growth and change must build on identified strengths.
6. Families have a right to participate in services with highly skilled and trained professionals.

A New Way of Working and Being

In the *Working With Families Right From The Start* Project and in DSS as a whole, we've learned that family centered practice is an approach or a philosophy that has as its basic tenet that identifying and developing family strengths is the key to solving family problems and will lead to greater child safety and better long-term outcomes for families. But to succeed with these techniques, we must believe families are capable of creating solutions to their problems. To identify and build on family strengths, we must believe the strengths are there to begin with.

Family centered practice cannot be prescribed or mandated, nor is it a tool or checklist. That's not to say that the family-centered approach is **merely** an attitude. It employs many sound practice techniques, such as the "Miracle Question," the "Exception-Finding Question," and other strategies associated with Brief Solution-Focused Therapy. Engagement and involving families in decision making are other specific practices that we must develop if we are practicing this way. We must also seek clarity that it is not an

end unto itself, but encompasses well researched practices that will lead to the goal-improved well-being, including safety and permanence for children and families.

Aligning with a new System of Care

In 2005, we have also redesigned and are on the brink of operationalizing the purchased service system into a more comprehensive set of service networks that are linked to families and child welfare staff most closely embedded in communities-local Area Offices. The new system builds mutual accountability using family centered practice as a means toward child and family well-being, which by necessity include safety and permanence. In addition the system seeks to maximize resources by sharpening clinical assessments of which children and families require the most costly (and often more restrictive) services and programs and to what degree. A truly family centered way of working, supported by a consistent practice model holds the promise of aligning our first engagements with children and families with the services and supports most appropriate for their needs and minimizing an over reliance on giving families only the services we can provide.

Sustaining the change

One fear is unanimously voiced amongst DSS staff, families and partners when asked about the change we have embarked upon—that it won't last. It is feared that the administration will change or that the people at the "front door" will neither acknowledge nor embrace a family centered child welfare practice. This fear, as with all others, will not simply vanish if ignored.

The inclusiveness of WWFRFS is designed to foster healthy mutual accountability for improving the lives of children and families in the Commonwealth. We recognize that child welfare agencies cannot and should not be solely responsible for this task. Secondly, the recent creation of a Child Welfare Institute at DSS attends to the need for building skills and competencies for DSS staff and partners as well as to setting standards of excellence in child welfare, based on sound research and practice knowledge. In addition, the agency is strengthening its Continuous Quality Improvement program toward uniformity in questions, sources of data and benchmarks by which to measure the success of this and other significant initiatives at DSS. We must be able to ask and answer for ourselves and one another what have we done well, what have we done differently and most importantly-have we improved outcomes for children and families? Finally, we know that the new System of Care will, in part, be as successful as we are in developing a family centered practice model.

DSS is engaged in a large-scale agency transformation with interdependent initiatives, creating some safeguards against inertia and seeding lasting culture change. Holding fast to our commitment to hearing and responding to the particular experience of families as well as encouraging their leadership is another way to guard against apathy or active resistance. Harry Spence is often heard to say "*No one does well for a sustained period of time what they don't believe in.*" It is clear that we believe that *working with families' right from the start* is the future of Massachusetts child welfare.

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